

## Pediatric High-Tech Nursing Program REFERRAL FORM

PROGRAM ELIGIBILITY CRITERIA – The child must meet all of the below:   Have Vermont Medicaid,   Be a Vermont Resident residing in-state,   Be less than 21 years old,   Require more individual and continuous skilled nursing care than can be provided in a skilled nurse visit,   Require more individual and continuous skilled nursing care than can be provided in a skilled nurse visit,   Require care outside the scope of services provided by a Home Health Aid/PCA, and   Have at least two caregivers available to provide care at home who are able to accommodate the necessary medical equipment and personnel needed to safely care for the child/adolescent.   CHILD'S INFORMATION   Parent/Guardian Name(s)	<b>Directions:</b> A Medical Provider (MD, NP, or PA) must complete this <b>ENTIRE</b> form and fax to 802-863-6344. You are encouraged to attach									
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Primary Diagnosis	CHILD'S INFORMATION									
Age	Full Name						Parent/Guardian Name(s)			
M   F	Primary Diagnosis							ICD-10 Code	Date of Diagnosis	
M   F	Sex	Age	Date of Birth		Medi	caid ID No		Interpreter Needed 2 Type TNe		
Home Address  City State Zip Phone  Mailing Address, if different  REFERRING PROVIDER INFORMATION  Full Name Medicaid Provider# Practice Care Coordinator Name  Practice Name & Address  City State Zip Phone  LEVEL OF CARE – The following information does not guarantee services.  Which of the following characterizes this child's risk for hospitalization:    Currently hospitalized   Little or no risk of hospitalization in the past 12 months (2 or more inpatient admissions)   Increased risk due to chronic fragile state  Which description best fits this child's overall status? This child is    Stable with no heightened risk(s) for serious complication and death   Temporarily facing high health risks but is likely to return to being stable without heightened risk(s) for serious complications and death   Little or mean in fragile health and have ongoing high risk(s) of serious complications and death   Little or mean in fragile health and have ongoing high risk(s) of serious complications and death   Little or mean in fragile health and have ongoing high risk(s) of serious complications and death   Little or mean in fragile health and have ongoing high risk(s) of serious complications and death   Little or mean in fragile health and have ongoing high risk(s) of serious complications and intervention		The Butte of Birth Wedieura 15 1								
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Anticipated Duration. —\3 months —3-6 months —0-12 months —>12 months			-					on and intervention		
<b>Equipment:</b> $\square$ mechanical ventilator $\square$ PICC/central line $\square$ peripheral line $\square$ enteral tube $\square$ suction										
MD/NP/PA Signature  Date  FOR VDH USE ONLY Date Received Initials	MD/NP/PA Signature						С			